

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Pernix Therapeutics
208 W. Eastbank Street
Gonzales, LA 70737

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Pernix Therapeutics, Inc.
Attn: Cooper C. Collins, President
32126 Edgewater Drive
Magnolia, TX 77354

David E. Waguespack, R/A for
Pernix Therapeutics, Inc.
717 Nashville, Apt. 4
New Orleans, LA 70115

Pernix Therapeutics, LLC
c/o Pernix Holdco 3 LLC, Member
10 North Park Place, Suite 201
Morristown, NJ 07960

Corporation Service Company, R/A for
Pernix Therapeutics, LLC
501 Louisiana Avenue
Baton Rouge, LA 70802

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Alexis Turner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Corporation Service Company, R/A for Pernix Therapeutics, LLC 501 Louisiana Avenue Baton Rouge, LA 70802</p>		<p>B. Received by (Printed Name) <i>ALEXIS TURNER</i></p>	<p>C. Date of Delivery <i>2/11/22</i></p>
<p>2. Article Number (Transfer from service label) 7017 2400 0000 3985 8053</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Lt Rt 17</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Pernix Therapeutics, Inc. Attn: Cooper C. Collins, President 32126 Edgewater Drive Magnolia, TX 77354</p>		<p>B. Received by (Printed Name) <i>C19</i></p>	<p>C. Date of Delivery <i>2/7/22</i></p>
<p>2. Article Number (Transfer from service label) 7017 2400 0000 3985 8084</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	